

## **Demolition Permit**

Development Services | Permitting & Inspections 433 Hay Street Fayetteville, NC 28301

Please fill out application completely; Incomplete applications will not be processed.

Phone (910) 433-1707 Fax (910) 433-1588

Address:				
Detached Single-Family	y Home	○ Townhomes	○ Commercial Building	
○ Duplex		Apartment	Other:	
Complete Demolition				
Partial Demolition (descr	ribe scope of work) _			
A Demolition Safety Plan must	be submitted with	this application for all proj	ects except Detached Single-Family Home and	d Duplex
Demolition Plans consist of a sit emergency vehicles.	e plan with locatio	n of barriers, fences, toilet fo	acilities, fire extinguishers, dumpster, and the p	ath of travel for
Contractor Name:				
Address:				
Phone Number:		E-Mail:		
			. Note: Per North Carolina General Statuensed General Contractor and submit an appoi	
Contractor License Number	er (if appliciable):			
Any Mechanical, Electrical, and Plur	mbing work may requ	ire North Carolina Licensed Con	tractors in accordance with North Carolina General S	Statute Chapter 87
Utilities must sign applica	ntion for Compl	ete Demolitions:		
	Utility	Printed Name	Signature	Date
Electric Provider				
Water Service Provider				
Sewer Provider				
W 11/6 .: 7 .	Cumberland			
Well/ Septic Tank	County Health Department			
Gas Provider				
Telephone Provider				
Cable Provider				

Address:			
• • • • • • • • • • • • • • • • • • • •	•	asbestos inspector indicating no	
been properly removed application submittal.	d from the structure to be demol	ished at the stated address above	e, is required at time of
<b>аррисанон загина</b>			
Required Signatures:	Printed Name	Signature	Date
Fire *			
Engineering*			
Planning			
Zoning			
Inspections			
* Fire and Engineering s	ignatures are not required for detac	hed single family homes or duplexs.	
	vill expire if no inspection occurs within the fir expire 12 months from the date of the inspecti	st six (6) months, for each trade, from the date ion.	the permit was issued. If an inspection
I hereby certify that under pena	alty of perjury, that all information in this app	olication is correct and all work will comply wi acknowledge that I must notify the City of Fay	
Division of any changes in the a	pproved plans and specification for the proje	ct permitted herein.	
Applicant's Sign	nature & Authorization:		
Signature of Owner/	Agent/ Contractor	Printed Name	Date
ermit Fee:	Permit Number:	Dat	e:/20

Page 2 of 2 Rev. FY23